

APPENDIX A – APPLICATION FOR FUNDING CONSIDERATION

Voting Modernization Board

APPLICATION FOR FUNDING CONSIDERATION

County Name and Address (including zip code)

VMB Use Only:

Date Received: _____

Date Reviewed: _____

Board Agenda Date: _____

Formula Allocation \$ _____

Amount of Funding Request \$ _____

Amount of Matching Funds \$ _____

Total Project Cost \$ _____

County Elections Official or Other Contact

Name _____

Title _____

Telephone _____

FAX _____

E-mail _____

Describe the voting system under consideration (if known) and the anticipated acquisition schedule.

☐ Attached

Attach an Accessibility Plan, describing how your county will use voting equipment purchased with Proposition 41 monies to provide meaningful voting opportunities for persons with disabilities.

☐ Attached

If at the time this application is signed Federal voting reform legislation has passed, attach a description of how the proposed voting system will meet the requirements of federal law.

☐ Attached ☐ Not Applicable

If your county is required by federal court order to convert to a new voting system not later than March 1, 2004, describe how the proposed voting system will meet this requirement, and provide a detailed explanation of your back up plan should the conversion process be delayed.

☐ Attached ☐ Not Applicable

I certify that the Project for which funds are being sought will comply with the Project Eligibility Requirements as set forth in the VMB Funding Application and Procedural Guide.

Signed _____ Date _____
County Representative

Acceptance of an application for review by the VMB in no way obligates the VMB to provide the funds requested in the application.

